	this form, together with		or <u>Fax</u> (703) 746-4000	r Patents inia 22313-1450	
INSTRUCTIONS: This for appropriate. All further co-indicated unless corrected maintenance fee notificatio	reshould be used for transfordence including the I below or made otherwise ons.	smitting the ISSUE F Patent, advance orders in Block 1, by (a) sp	FEE and PUBLICA s and notification o secifying a new cor	TION FEE (if requi f maintenance fees w respondence address;	ired). Blocks I through 5 sl vill be mailed to the current and/or (b) indicating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for
CURRENT CORRESPONDEN	CE ADDRESS (Note: Use Block 1 for	any change of address)	F	ee(s) Transmittal. Th apers. Each additions	mailing can only be used for is certificate cannot be used for all paper, such as an assignment of mailing or transmission.	for any other accompanying
Patrick G. Burns GREER, BURNS 300 South Wacker Chicago, IL 60606	, Esq. & CRAIN, LTD. Dr., Suite 2500		1	Cer hereby certify that th	rtificate of Mailing or Trans his Fee(s) Transmittal is being with sufficient postage for fir I Stop ISSUE FEE address TO (703) 746-4000, on the d	g denosited with the United
0/2005 WABDELR3 00000			[Joseph P.	,	(Depositor's name)
			}	sept 1	Tay 105	(Signature)
C:1501 C:1504	1400.00 OP 300.00 OP		L	5/5/		(Dinc)
APPLICATION NO.	FILING DATE	FIRS	ST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
TITLE OF INVENTION: D	DATA PROCESSING APPAR	RATUS				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUB	LICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	05/09/2005
EXAN	MINER	ART UNIT	CLA	SS-SUBCLASS]	
TRAN, I	HENRY N	2674	3	45-156000		
	ce address or indication of "Fe			patent front page, li		Rurns & Crain
CFR 1.363). Change of corresponded responded	dence address (or Change of 0.22) attached. attion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Best an assignee is identified be in 37 CFR 3.11. Completion of	Correspondence continuous control cont	1) the names of up or agents OR, alterna (2) the name of a sine gistered attorney of 2 registered patent a sisted, no name will PATENT (print or a will appear on the substitute for filing a	to 3 registered pater atively, agle firm (having as a r agent) and the nam ttorneys or agents. If the printed.	a member a les of up to no name is 3	Burns & Crain
CFR 1.363). Change of corresponded address form PTO/SB/1 "Fee Address" indication PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	dence address (or Change of 6 22) attached. attion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Be as an assignee is identified be n 37 CFR 3.11. Completion of the second completion completion completion of the second completion completi	Correspondence (continued to the continued to the continu	1) the names of up or agents OR, alterna (2) the name of a sine egistered attorney of 2 registered patent a isted, no name will PATENT (print or a will appear on the substitute for filing a	to 3 registered pater tively, agle firm (having as a r agent) and the nam ttorneys or agents. If the printed. Type) patent. If an assign assignment. and STATE OR COU	a member a les of up to no name is 3	
CFR 1.363). Change of corresponded of corresp	dence address (or Change of 6 22) attached. attion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Be as an assignee is identified be n 37 CFR 3.11. Completion of the second completion completion completion of the second completion completi	Correspondence (or containing the containing term of a Customer like of a Customer like of a Customer like of a Customer like of this form is NOT a second (B) RE	(1) the names of up or agents OR, alterna (2) the name of a sine registered attorney of a registered patent a isted, no name will PATENT (print or a will appear on the substitute for filing a ESIDENCE: (CITY awasaki,	to 3 registered pater atively, agle firm (having as a ragent) and the name to the printed. Type) patent. If an assign assignment. and STATE OR COU	a member a les of up to no name is 3 there is identified below, the duntry)	ocument has been filed for
CFR 1.363). Change of corresponded Address form PTO/SB/1 "Fee Address" indication PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN FUJITSU LI Please check the appropriate 4a. The following fee(s) are	dence address (or Change of 0.22) attached. attion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Bits an assignee is identified be in 37 CFR 3.11. Completion of the completion of	Correspondence ation form of a Customer E PRINTED ON THE elow, no assignee data of this form is NOT a s (B) RE Ka ries (will not be printed	1) the names of up or agents OR, alterna (2) the name of a sine gistered attorney of a registered patent a isted, no name will PATENT (print or a will appear on the substitute for filing a ESIDENCE: (CITY awasaki, don the patent):	to 3 registered pater tively, agle firm (having as a ragent) and the nam torneys or agents. If the printed. Type) patent. If an assign assignment. and STATE OR COU	a member a 2a so of up to no name is 3a tee is identified below, the duntry)	ocument has been filed for
CFR 1.363). Change of corresponded Address form PTO/SB/1 "Fee Address" indication PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN FUJITSU LI Please check the appropriate 4a. The following fee(s) are Issue Fee	dence address (or Change of 6 22) attached. attion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Be as an assignee is identified be n 37 CFR 3.11. Completion of the EE	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a s (B) RI Ka ries (will not be printed	1) the names of up or agents OR, alterna (2) the name of a sine gistered attorney of 2 registered patent a isted, no name will PATENT (print or a will appear on the substitute for filing a ESIDENCE: (CITY awasaki, don the patent): Lyment of Fee(s): A check in the amo	to 3 registered pater atively, agle firm (having as a ragent) and the name torneys or agents. If the printed. Type) patent. If an assign assignment. and STATE OR COULTAPAN Individual Count of the fee(s) is en	a member a es of up to no name is 3 tee is identified below, the duntry) Disporation or other private grouples.	ocument has been filed for
CFR 1.363). Change of corresponded Address form PTO/SB/1 "Fee Address" indication PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN FUJITSU LI Please check the appropriate the following fee(s) are less sue Fee Publication Fee (No. 2)	dence address (or Change of 6, 22) attached. attion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B s an assignee is identified be an 37 CFR 3.11. Completion of the completion of	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a s (B) RI Ka ries (will not be printed 4b. Pa	(1) the names of up or agents OR, alternation (2) the name of a sine gistered attorney of 2 registered patent a listed, no name will PATENT (print or a will appear on the substitute for filing a ESIDENCE: (CITY AWASAKI, d on the patent): Lyment of Fee(s): A check in the amo Payment by credit of the side	to 3 registered pater stively, agle firm (having as a ragent) and the name torneys or agents. If the printed. Type) patent. If an assign assignment. and STATE OR COULTAPAN Individual Count of the fee(s) is eneard. Form PTO-2038	a member a es of up to no name is 3ee is identified below, the duntry) Deprovation or other private group closed. B is attached.	ocument has been filed for but but been filed for but
CFR 1.363). Change of corresponded Address form PTO/SB/1 "Fee Address" indication PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN FUJITSU LI Please check the appropriate 4a. The following fee(s) are Issue Fee	dence address (or Change of 6, 22) attached. attion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B s an assignee is identified be an 37 CFR 3.11. Completion of the completion of	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a s (B) RI Ka ries (will not be printed 4b. Pa	(1) the names of up or agents OR, alternation (2) the name of a sine gistered attorney of 2 registered patent a listed, no name will PATENT (print or a will appear on the substitute for filing a ESIDENCE: (CITY AWASAKI, d on the patent): Lyment of Fee(s): A check in the amo Payment by credit of the side	to 3 registered pater stively, agle firm (having as a ragent) and the name torneys or agents. If the printed. Type) patent. If an assign assignment. and STATE OR COULTAPAN Individual Count of the fee(s) is eneard. Form PTO-2038	a member a es of up to no name is 3 tee is identified below, the duntry) Disporation or other private grouples.	ocument has been filed for but but been filed for but
CFR 1.363). Change of corresponded Address form PTO/SB/1 "Fee Address" indication of the PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in the PLEASE NOTE: Unless	dence address (or Change of 6, 22) attached. attion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B s an assignee is identified be an 37 CFR 3.11. Completion of the completion of	Correspondence ation form e of a Customer E PRINTED ON THE elow, no assignee data of this form is NOT a s (B) RI Ka ries (will not be printed 4b. Pa ation ation below 4b. Pa	(1) the names of up or agents OR, alternation (2) the name of a sine gistered attorney of 2 registered patent a listed, no name will PATENT (print or a will appear on the substitute for filing a ESIDENCE: (CITY AWASAKI, d on the patent): Injument of Fee(s): A check in the amo Payment by credit of The Director is he posit Account Num	to 3 registered pater atively, agle firm (having as a ragent) and the name torneys or agents. If the printed. Type) patent. If an assign assignment. and STATE OR COULT Individual Count of the fee(s) is entered. The printed count of the fee(s) is entered. Form PTO-2038 and per 07-2069	a member a es of up to no name is 3ee is identified below, the duntry) Deprovation or other private group closed. B is attached.	ocument has been filed for bup entity Government credit any overpayment, to opy of this form).
CFR 1.363). Change of corresponded Address form PTO/SB/1 "Fee Address" indication of the PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in the PLEASE NOTE: Unless	dence address (or Change of 6, 22) attached. ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B s an assignee is identified be an 37 CFR 3.11. Completion of the completion of	Correspondence ation form e of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a s (B) RE Ka ries (will not be printed 4b. Pa dd) Dep 37 CFR 1.27.	(1) the names of up or agents OR, alternation (2) the name of a sine gistered attorney of 2 registered patent a isted, no name will PATENT (print or a will appear on the substitute for filing a ESIDENCE: (CITY awasaki, don the patent): hyment of Fee(s): A check in the amo Payment by credit of The Director is he posit Account Number (2) the posit Account Number (2) the posit Account is no be a sent agents (3) the posit Account is no be a sent agents (4) the posit Account Number (4) the posit Account is no be agreed to the posit Account is not posit Account in the posit Account in the posit Account is not posit Account in the posit Accou	to 3 registered pater tively, agle firm (having as a ragent) and the name torneys or agents. If the printed. Type) patent. If an assign assignment. and STATE OR COULT APAN Individual Count of the fee(s) is entard. Form PTO-2038 reby authorized by conger Claiming SMA	a member a 2a member a 2a member a les of up to no name is 3a lee is identified below, the duntry) Disportation or other private group closed. B is attached. Charge the required fee(s), or (enclose an extra cult.)	ocument has been filed for oup entity Government credit any overpayment, to opy of this form).
CFR 1.363). Change of corresponded Address form PTO/SB/1 "Fee Address" indication of the PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in the PLEASE NOTE: Unless	dence address (or Change of (22) attached. ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Best and assignee is identified bein 37 CFR 3.11. Completion of the completion of th	Correspondence ation form e of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a s (B) RE Ka ries (will not be printed 4b. Pa dd) Dep 37 CFR 1.27.	(1) the names of up or agents OR, alternation (2) the name of a sine gistered attorney of 2 registered patent a isted, no name will PATENT (print or a will appear on the substitute for filing a ESIDENCE: (CITY awasaki, don the patent): hyment of Fee(s): A check in the amo Payment by credit of The Director is he posit Account Number (2) the posit Account Number (2) the posit Account is no be a sent agents (3) the posit Account is no be a sent agents (4) the posit Account Number (4) the posit Account is no be agreed to the posit Account is not posit Account in the posit Account in the posit Account is not posit Account in the posit Accou	to 3 registered pater tively, agle firm (having as a ragent) and the name torneys or agents. If the printed. Type) patent. If an assign assignment. and STATE OR COULT APAN Individual Count of the fee(s) is entard. Form PTO-2038 reby authorized by conger Claiming SMA	a member a 2a member a 2a member a les of up to no name is 3a lee is identified below, the duntry) Disportation or other private group closed. B is attached. Charge the required fee(s), or (enclose an extra cult.)	ocument has been filed for oup entity Government credit any overpayment, to opy of this form).

BOX 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Com Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT AI

Applicant. Tachikawa et al.

Serial No .:

10/078,900

Conf. No.:

4817

Filed:

2/19/2002

For:

DATA PROCESSING APPARATUS

Art Unit:

2674

Examiner:

Tran, Henry N.

I hereby certify that this paper is being deposited with the United States Postal Service as FIRST-CLASS mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

2/3/

Date

Registration No. 41,760

F-CLASS.WCM

Appr. February 20, 1998

Attorney for Applicant(s)

ISSUE FEE AND PUBLICATION FEE TRANSMITTAL

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enclosed herewith please find:

- 1. Form PTOL-85B (in duplicate) with check for \$1700.00 for the issue fee and publication fee.
- 2. If a publication fee is due and is not enclosed, or is enclosed in an improper amount, the Commissioner is authorized to charge the publication fee (or any deficiency in such fee) to Deposit Account No. 07-2069.
- 3. The Commissioner is authorized by the undersigned to charge any additional fees which may be required to this application under 37 C.F.R. §§ 1.16-1,17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper amount be enclosed, herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate of this page is enclosed herewith.

Respectfully submitted,

GREER, BURNS & CRAIN, LTD.

By

Joseph P. Fox

Registration No. 41,760

May 5, 2005

300 South Wacker Drive, Suite 2500 Chicago, Illinois 60606 (312) 360-0080 Customer No. 24978